

# **Working with families to reduce the risk of neglect: Results from two demonstration projects**

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# Funding

- Five year DHHS, Children's Bureau grants to demonstrate methods for preventing and intervening with neglect.
- Grant number 90CA 1580 to University of Maryland, Baltimore
- Grant number 90CA1578 to Georgia State University

# Why is this important?

- Many families struggle to meet the basic needs of their children.
- Our mandated systems often get involved too late.
- We need to understand more about what models are most successful to reach families early.



# Why is this important?

- Societal trends (e.g., poverty, substance abuse) make it difficult for some families to meet the basic needs of children.
- Changes in family structures including the increasing number of grandparent headed families suggest the need for creative, interdisciplinary models of intervention.
- A strengths-based approach is needed in order to help families achieve outcomes of safety and well being.

# Agenda

- Introduction and purpose of presentation
- Overview of each intervention program and target population
- Contrast of intervention principles and approaches
- Contrast of research methods
- Overview of preliminary demonstration findings
- Implications for future practice and research

# Overview of Programs

- Family Connections, Baltimore, Maryland
- Project Healthy Grandparents, Fulton and DeKalb Counties, Georgia



# The programs

## ■ Family Connections

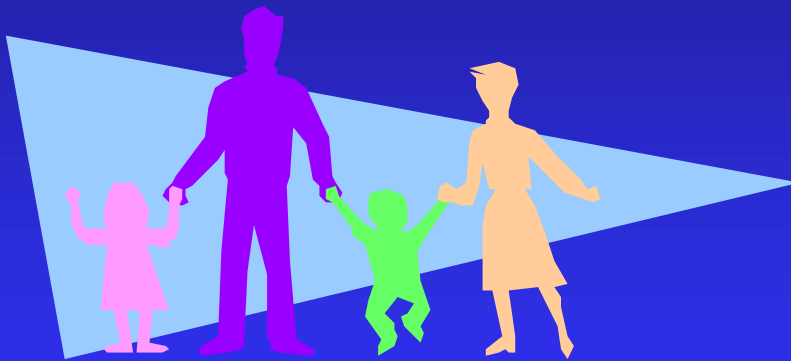
- ◆ Promotes the safety and well being of children and families through family and community services, professional education and training, and research and evaluation.

## ■ Project Healthy Grandparents

- ◆ Enhances the physical and emotional well-being of intergenerational families through interdisciplinary, community-based services.

# Target Populations

- Contrast of:
  - ◆ Risk Criteria
  - ◆ Demographics
  - ◆ Risks at Intake



# Basic Screening Criteria- Family Connections

- The family lives in the West Baltimore Side Empowerment Zone
- There is a child between 5 and 11 years living in the household
- There is no current CPS involvement
- The family is willing to participate

# Defining Neglect Risk

- Inadequate/delayed health care
- Inadequate nutrition
- Poor personal hygiene
- Inadequate clothing
- Unsafe household conditions
- Unsanitary household conditions
- Unstable living conditions
- Shuttling
- Inadequate supervision
- Inappropriate substitute caregiver
- Drug-exposed newborn

# Defining Neglect Risk

- Inadequate nurturance
- Isolating
- Witnessing violence
- Permitting alcohol/drug use
- Permitting maladaptive behavior
- Delay with mental health care
- Chronic truancy
- Unmet special educational needs

# Caregiver risk criteria

- Unemployed/over-employed
- Mental health problem
- Health problem
- Alcohol or drug problem
- Homelessness
- Domestic violence

# Child risk criteria

- Behavior or mental health problem
- Physical disability
- Developmental disability
- Learning disability
- More than 3 children in home

## SCREENING CRITERIA - PHG

- **Families must reside in Fulton or DeKalb County**
- **Grandmother and/or grandfather raising one or more grandchildren**
- **Grandchildren aged 16 or younger**
- **Birth parents absent from household**

# Families & Caregivers

## ■ Family Connections

- ◆ 200 families, 600 children
- ◆ 86% African American
- ◆ Primary caregiver mean age was 38 (range 19-73) (150 female, 4 male)
- ◆ 58% unemployed, 18% employed full time, 9% employed part time, 10% in training, 5% retired

## ■ Project Healthy Grandparents

- ◆ 250 families, 650 children
- ◆ 98% African American
- ◆ Primary caregiver mean age = 55 years, range 37-78, 96% grandmothers, 4% great-grandmothers, 31% >60 yrs

# Caregivers

## ■ Family Connections

- ◆ 85% less than high school education, 10.8 mean years of education
- ◆ 5% married, 64% never married, 13% separated, 10% divorced, 7% widowed

## ■ Project Healthy Grandparents

- ◆ 11.3 years of education, range 4-19 years
- ◆ 18% married

# Children

## ■ Family Connections

- ◆ Average no. of children in families = 3
  - ◆ One – 17%, Two – 25%, Three – 27%, Four or more – 31%
- ◆ Mean age = 9 (range – 1 month to 21 yrs)
- ◆ Children – 52% female, 48% male
- ◆ 78% children, 16% grandchildren, 5% other relative

## ■ Project Healthy Grandparents

- ◆ Average no. grandchildren = 2.6, range 1-8
- ◆ Average age of grandchildren = 6.1 years, range birth to 16

# Risk Criteria at Intake

- Delay w/ mental health care – 32%
- Unstable living conditions – 24%
- Inadequate supervision – 22%
- Permitting maladaptive behavior - 21%
- Unsafe household conditions – 19%
- Delay w/ health care–17%
- Unmet special education needs–14%
- Chronic truancy–13%
- Inadequate nurturance – 11%
- Unsanitary household conditions – 9%
- Inadequate nutrition – 9%
- Witnessing violence – 7%

# Caregiver risks

- Unemployed/over-employed – 73%
- Mental health problem – 25%
- Alcohol/drug problem – 23%
- Homelessness – 8%
- Domestic violence – 6%

# Child risks

- Behavior or mental health problem – 66%
- Physical disability – 5%
- Developmental disability – 11%
- Learning disability – 20%
- More than 3 children in home – 30%

## CAREGIVER RISK FACTORS

### Health Problems

- 80% severely overweight
- 54% Hypertension
- 23% Diabetes

### Psychological Health/Distress

- 28% clinical range on BSI

Experience Financial Hardship: 58%

### TANF

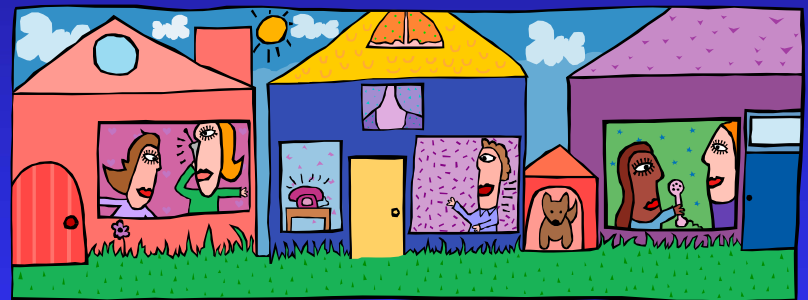
- 70% children
- 16% grandparents

## CHILD RISK FACTORS

- Behavior problems (CBCL) clinical range
  - 33% total problems
  - 37% externalizing
  - 22% internalizing
- Reason raised by grandparents
  - Parent(s) substance (38%)
  - Incarceration (18%)
  - Abandonment (16%)
  - CPS removal (11%)
  - Parent(s) deceased (6%)

# Intervention

- Philosophy
- Services



# Philosophical Principles

- Community outreach
- Family assessment and tailored interventions
- Helping alliance
- Empowerment approaches
- Strengths perspective

# Philosophical Principles

- Cultural sensitivity
- Developmental appropriateness
- Outcome driven service plans
- Emphasis on positive attitudes and qualities of helpers

# Intervention services

## ■ Family Connections

- ◆ Crisis intervention
- ◆ Emergency assistance
- ◆ Individualized outcome based services
- ◆ Individual and family counseling
- ◆ Parent groups
- ◆ Advocacy
- ◆ Case management

## ■ Project Healthy Grandparents

- ◆ Social work case management
- ◆ RN home visitation
- ◆ Legal assistance
- ◆ Support groups
- ◆ Parenting classes
- ◆ Saturday Youth Academy
- ◆ Early intervention (0-5 years)

# Research Methods



- Hypotheses, research questions
- Targeted outcomes
- Designs and procedures
- Measures

# Research questions/hypothesis

## ■ Family Connections

- ◆ Does length of service make a difference in targeted outcomes?
- ◆ Does receiving a group intervention (in addition to a home based intervention) make a difference in targeted outcomes?

## ■ Project Healthy Grandparents

- ◆ Predict that an interdisciplinary intervention aimed at enhancing the well-being of grandparents raising grandchildren will improve targeted outcomes.

# Targeted Outcomes

## ■ Family Connections

- ◆ Child Safety
- ◆ Child Well Being
- ◆ Primary Caregiver Well Being
  - ◆ Stress
  - ◆ Depressive symptoms
- ◆ Family Well Being
  - ◆ Care of children
  - ◆ Social support
  - ◆ Family functioning

## ■ Healthy Project Grandparents

- ◆ Psychological distress
- ◆ Family resources
- ◆ Social support
- ◆ Physical health
- ◆ Family coping behaviors

# Research designs & procedures

- Family Connections
- Factorial design
  - ◆ Randomizing families in 4 groups:
    - ◆ home based w/ & w/out group for 3 months or 9 months
  - ◆ Automated interview at baseline, case closure and 6 month follow-up, other assessment measures integrated with intervention
- Healthy Project Grandparents
  - ◆ Pre/post-test design
  - ◆ Recruitment from variety of agencies in Atlanta
  - ◆ Data collected in participants' homes by graduate students
  - ◆ Participants eligible if raising one or more grandchildren in parent-absent home

# Research Protocols

- Self-administered computer assisted interview
- Ask questions about: child functioning, caregiver childhood history, caregiver functioning, neglectful behaviors or conditions, family functioning, social support, health, alcohol abuse, mental health, social desirability, drug abuse, housing and neighborhood, relationship with intern



Hello! Thank you for agreeing to participate in The Family Connections. We are looking forward to working together to help your family grow stronger. We also hope to learn from you.

Chances are, this is your first time to be interviewed using a computer. This is just one of the exciting things about this project.

Almost like when you first learned to ride a bike or take a bus, at first it may seem hard, but after awhile it should be easier and you'll wonder what all the fuss was about. So, just sit back and relax...

At any time during this interview, you can always ask the project staff any questions you might have.

Hit any key to begin.

[P](#)revious[N](#)ext[H](#)elp

# Family Connections

## Case Management System



# Purposes of the Case Management System

- Provide a framework for the intern to learn a practice model.
- Support the field instructor in the management and teaching roles.
- Document and measure the achievement of outcomes.
- Document what services are provided.

# What information do we track?

- Screening criteria
- Family needs and strengths
- Desired family outcomes
- Services that are provided
- Level of achievement of outcomes

# Self-Report Measures

- Needs based assessment scales
  - ◆ Family Resource Scale
  - ◆ Support Functions Scale
  - ◆ Family Needs Scale
- Social support scales
  - ◆ Family Support Scale
  - ◆ Personal Network Matrix
- Family Functioning Style Scale

# Observational Measures

- Child Well-being Scales
- Family Risk Scales



# Project Healthy Grandparent MEASURES

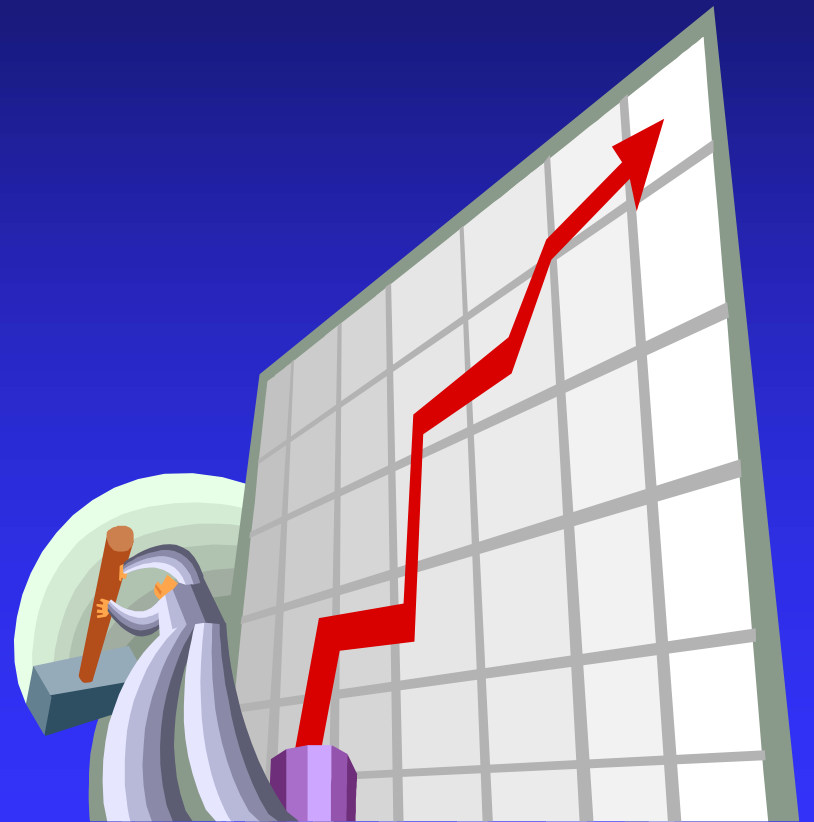
- **Brief Symptom Inventory** (Derogotis, 1993,), 53 items
- **Short Health Form – 36** (Ware, 1993), 36 items
- **Family Resource Scale** (Dunst & Leet, 1987), 31 items
- **Family Support Scale** (Dunst & Leet, 1987), 18 items
- **Family Crisis Oriented Personal Evaluation Scale (F-COPES)** (McCubbin, Olson, & Larson, 1996), 30 items

## OTHER MEASURES

- Child Neglect Index
- Child Well Being Scales
- Child Behavior Checklist
- HOME
- Health Risk Appraisal

# Preliminary selected findings

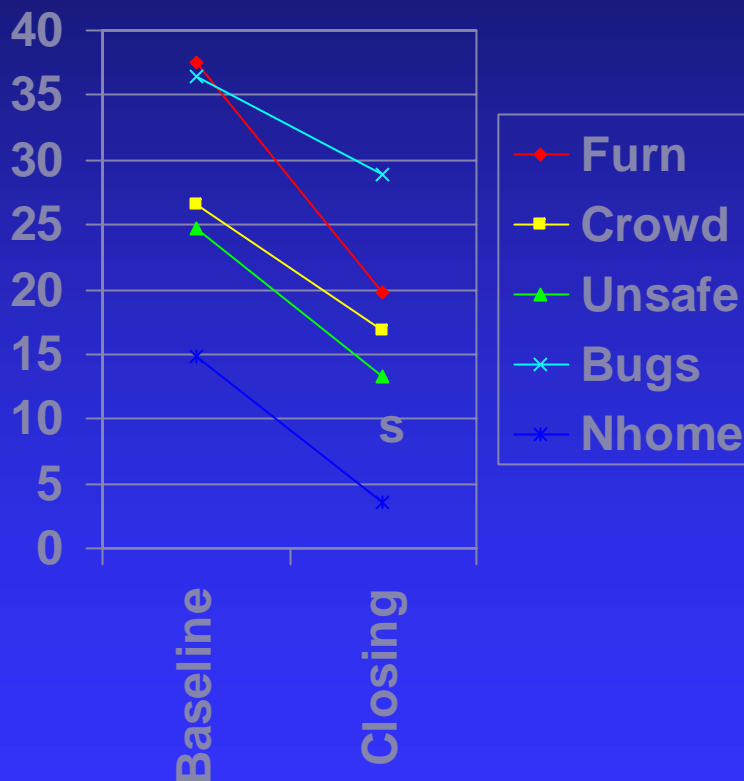
- Family Connections – based on 128 families at baseline and closing (no follow-up data selected)
- Project Healthy Grandparents – based on 120 families, pre/post



# Preliminary Findings

- Child Safety
- Caregiver Well Being
  - ◆ Depression
  - ◆ Stress
  - ◆ Parenting satisfaction & efficacy
- Family Well Being
  - ◆ Family Competence

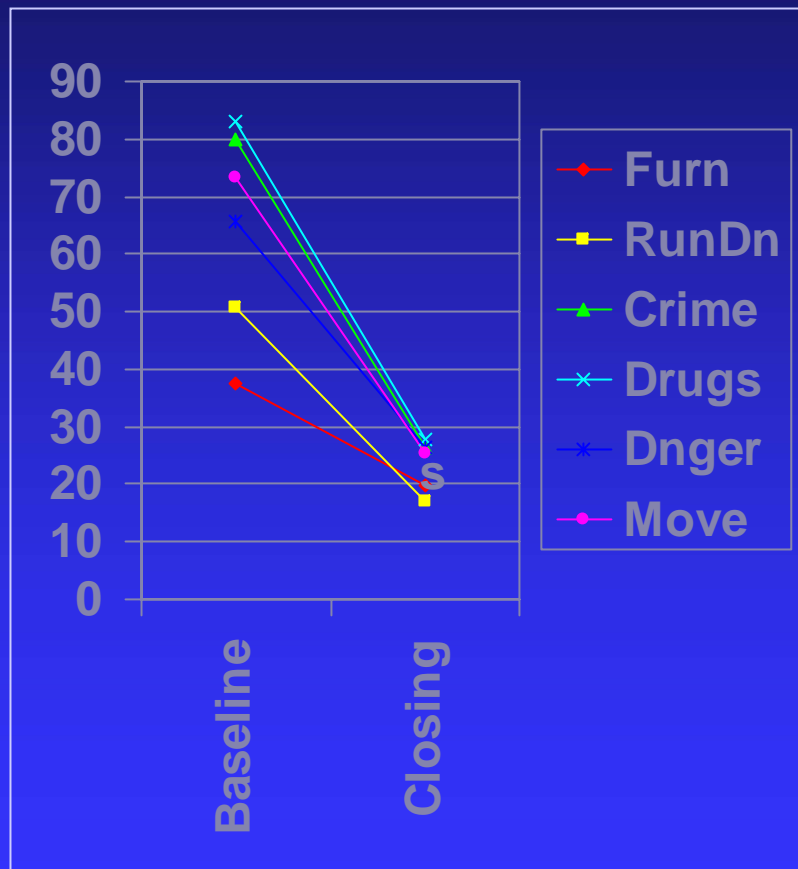
# Child Safety



## ■ Fewer housing problems

- ◆ Lack of furniture
- ◆ Overcrowding
- ◆ Unsafe conditions
- ◆ Roaches, bugs
- ◆ Loss of home

# Child Safety

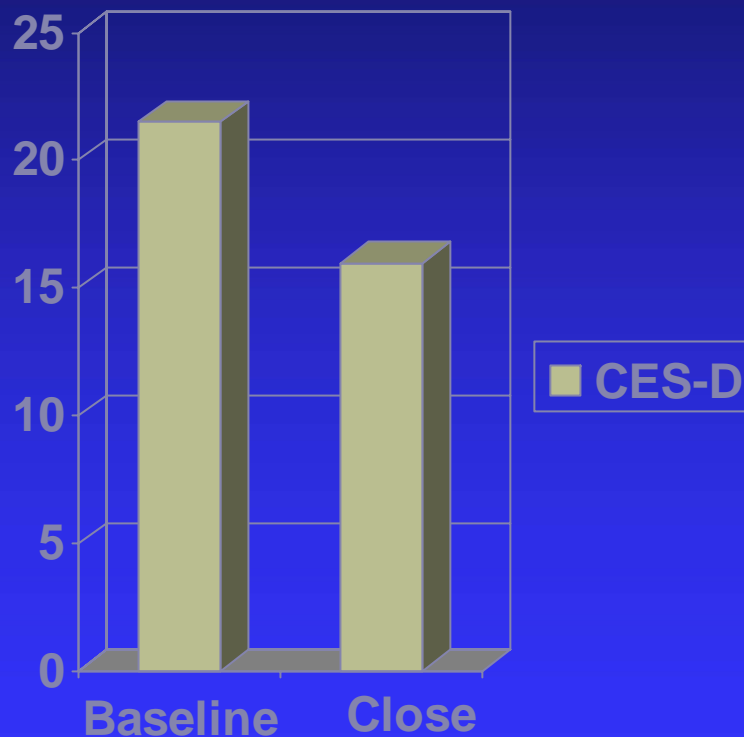


## ■ Neighborhood Changes

- ◆ Buildings really run down
- ◆ Lots of crime
- ◆ Drug users/pushers
- ◆ Dangerous in daytime
- ◆ Want to move

Family Connections

# Depressive Symptoms



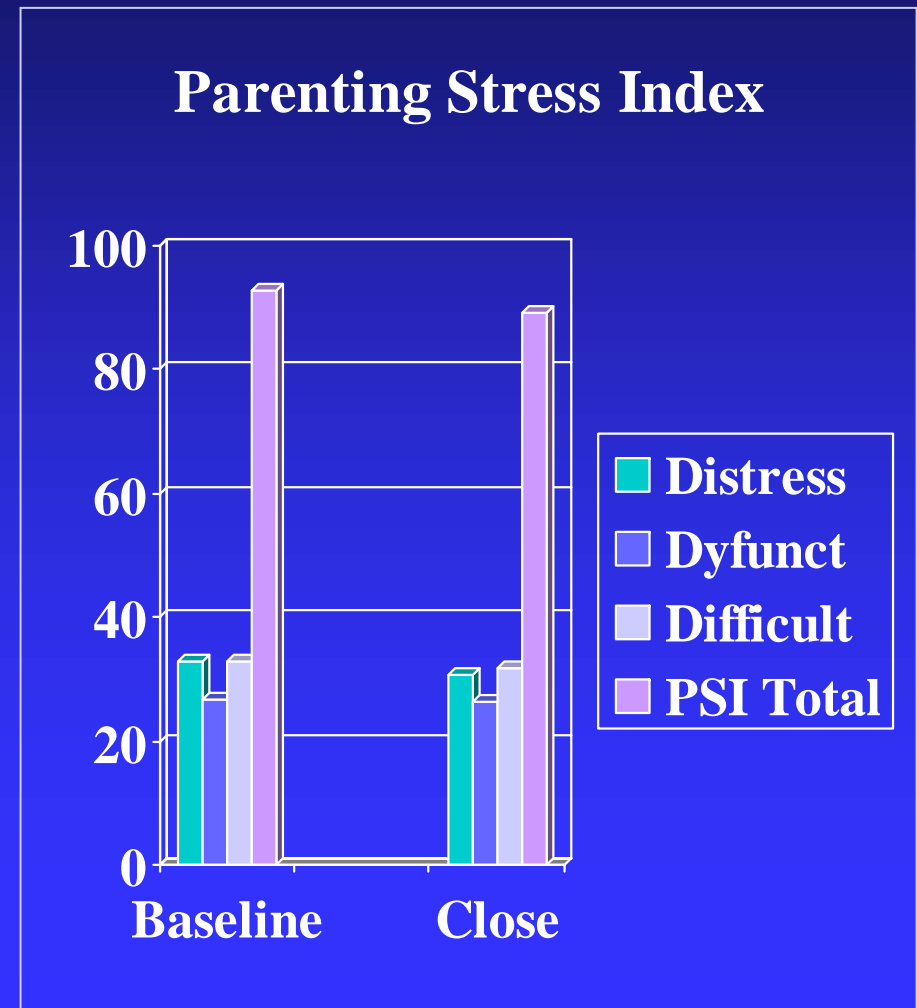
- Baseline
  - ◆ Mean 21.51, SD-12.21
  - ◆ 66.9% scores of 16 or greater (cut score for clinical risk)
- Closing
  - ◆ Mean 15.99, SD-12.16
  - ◆ 39.8% scores of 16 or greater
- T value = 4.11, p=.0005

Family Connections

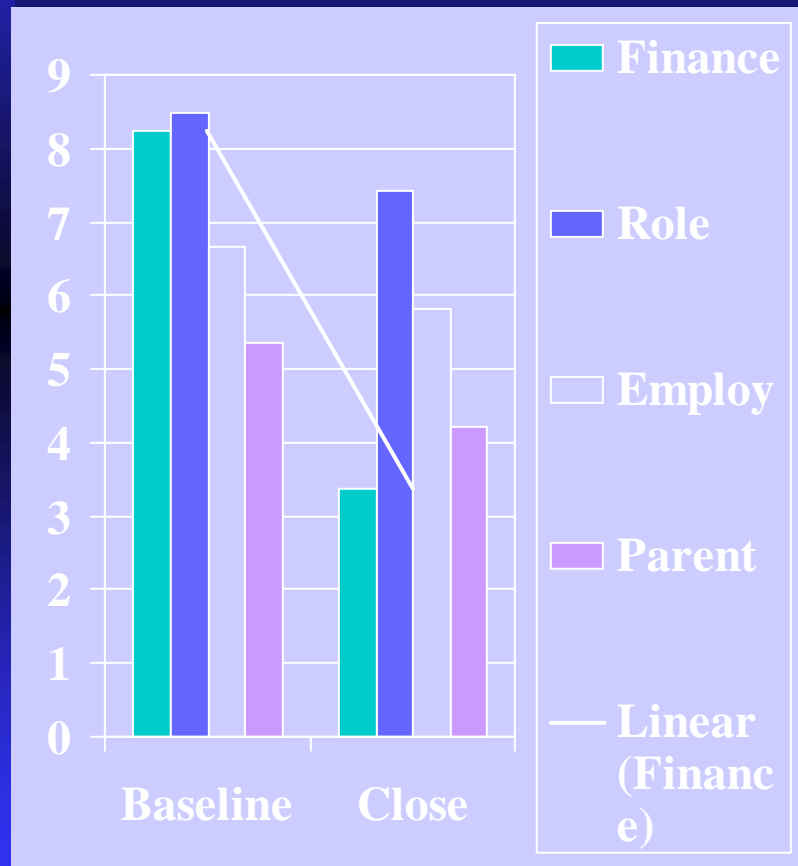
# Parenting Stress

- PSI total, T-Value, 2.74,  $p=.007$
- Parental distress, T-Value, 3.62,  $p=.000$
- Parent/Child Dysfunction – ns
- Difficult child - ns

Family Connections



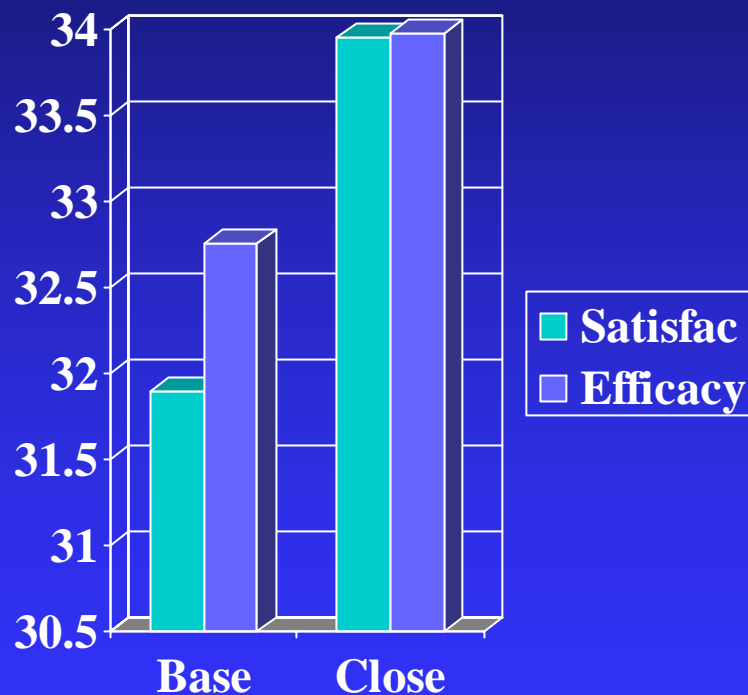
# Everyday Stressors Index



- Financial concerns, T-value – 3.36,  $p=.001$
- Role overload, T-value – 3.24, .001
- Employment worries, T-value – 2.74,  $p=.007$
- Parental worries, T-value – 3.75,  $p=.000$
- ESIA total, T-value – 2.74,  $p=.007$

Family Connections

# Parenting Satisfaction & Efficacy



## ■ Parenting Sense of Competency Scale

- ◆ Satisfaction, change of mean from 31.89 to 33.95, T-value = -2.52,  $p=.013$
- ◆ Efficacy, change of mean from 32.76 to 33.98, ns

Family Connections

# Self-Report Family Inventory

Scale	Mean Baseline	Mean Close	T-Value	Sig. (2-tailed)
Family health	18.83	18.41	.663	.509
Conflict	29.10	27.28	2.84	.005
Cohesion	12.53	12.28	.677	.500
Express	12.81	13.21	-.982	.328
Leadership	6.98	7.23	-.998	.320
Communi- cation	9.86	9.72	.492	.624

# RESULTS

## Multivariate analysis of variance (MANOVA)

- Results significant ( $p=.000$ )
- $F=6.32$
- $n=120, df=5, 115$

## RESULTS (cont'd)

### UNIVARIATE STATISTICS FOR DEPENDENT VARIABLES (n=120, df=1, 119)

	Pre-test	Post-test	<u>F</u>	<u>p</u>
Psychological Distress	55.74	53.67	4.92	.014
Resources	99.0	107.22	22.76	.000
Social Support	26.25	30.12	15.90	.000
Physical Health	30.00	33.44	5.10	.01
Coping	106.31	108.96	3.38	.013

# Conclusions

## ■ Family Connections

- ◆ Preliminary analyses suggest that intervention may have an effect on child safety, caregiver well being (depressive symptoms, level of stress, parenting satisfaction), & family well-being

## ■ Project Healthy Grandparents

- ◆ Findings suggest that intervention had positive impact on:
  - ◆ Psychological distress
  - ◆ Physical health
  - ◆ Family resources
  - ◆ Social support
  - ◆ Family coping

# Implications/Discussion

- Limitations
- Practice
- Policy
- Future research

# For further information

- On Family Connections – go to <http://family.umaryland.edu>
- On Project Healthy Grandparents – go to <http://www.gsu.edu/hgrandpar>

# APSAAC

**American Professional  
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# APSAC Colloquium

- June 20-23, 2001
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